

GUEST EDITORIAL

Surgical Oncology and the American Board of Surgery: A New and Promising Relationship

DAVID P. WINCHESTER, MD, FACS*

Department of Surgery, Evanston Hospital, Evanston, Illinois

The last three decades have witnessed several noteworthy developments in the discipline of surgical oncology. Confronted by inadequate funding of surgical oncologic research and the decision not to pursue certification by the American Board of Surgery, surgical oncologists became increasingly frustrated. Variable, but significant training in surgical oncology beyond a general surgical residency fell short of differentiating the surgical oncologist from the general surgeon. The triad of medical, radiation, and surgical oncology endures as the multidisciplinary team caring for the cancer patient, but only two of three hold a certificate. How important is certification for the surgical oncologist?

I submit that surgical oncology has assumed a new identity that works for the benefit of the cancer patient, certificate or not. The former James Ewing Society is now the Society of Surgical Oncology, which is widely recognized, with its 1,700 members, as the voice of surgical oncology. The Society recognized in the early 1990s that the cancer patients' needs could not be met entirely by a specialty graduating only 35 individuals per year. The Society of Surgical Oncology membership was expanded to include qualified individuals with training and experience leading them to a primary focus in caring for cancer patients. Consequently, today's ranks in surgical oncology have expanded, allowing them to accomplish the mission of yesterday's surgical oncologist more effectively. That mission includes (1) state-of-the-art evaluation and surgical management of the cancer patient, (2) role modeling in the practicing community through education and research, including clinical trials, and most recently (3) working with the American Board of Surgery to improve the surgical oncology component of the examination and certification of candidates in general surgery.

A milestone in the history of the American Board of Surgery was reached at a January 1998 retreat of its Board of Directors. At that time, the Board reaffirmed its commitment to excellence in surgical patient care

through the certification of the versatile general surgeon broadly trained in the nine primary components. At the same time, the Board took the position that it must foster the development of the maturing fields in surgery. This process was initiated by the establishment of sub-boards for specialties currently awarded certificates by the American Board of Surgery and advisory councils for the maturing fields of surgery with no certification program. Surgical oncology was identified by the Board as a maturing specialty. Furthermore, the Board recognized the Society of Surgical Oncology as the organized voice of surgical oncology and enlisted its cooperation. The Advisory Council for Surgical Oncology was established with the mandate to advise and make recommendations to the pertinent committees of the American Board of Surgery and its Board of Directors with respect to training in surgical oncology and surgical oncology questions in the qualifying, certifying, and in-service examinations. The Advisory Council's work has begun.

The surgical oncology questions in the qualifying examination have been reviewed. Many items have been modified or deleted and new emerging technology questions submitted.

The ultimate beneficiary of this new and promising relationship between the American Board of Surgery and surgical oncology will be the cancer patient. The vast majority of patients with solid tumors in the United States are cared for by general surgeons. Most, if not all, surgical training programs have Society of Surgical Oncology members to teach the critical elements of this component of general surgery. Surgical oncology now has a seat at the certifying table of the general surgeon. Good things should happen.

*Correspondence to: David P. Winchester, MD, Department of Surgery, Evanston Hospital, 2650 Ridge Ave., Evanston, IL 60201.

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